



Listen up, Big Pharma

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Not all new drugs are wonder drugs. Many do pretty much what older medications do, only at higher cost. For example, researchers recently discovered that a cheap diuretic actually performed better in lowering blood pressure than a new and very expensive blood-pressure pill. With the government about to pick up prescription-drug costs for Medicare beneficiaries, the public has a right to know what it is getting for its tax dollars.

In a commendable step in this direction, the U.S. House has voted to give the U.S. Public Health Service \$12 million to perform head-to-head comparisons of drugs and determine their effectiveness relative to cost. Pharmaceutical companies have responded to this sensible proposal with an absurd campaign to stop such testing.

It's easy to understand why the companies may not want their new products compared with the less expensive ones. Medicare has traditionally not covered drugs bought outside a hospital. That has left older Americans -- the population that uses the most medications -- to also pay the highest prices for them. The prospect of bringing new price consciousness into this formerly captive market must alarm the drug makers.

In opposing comparison studies, the drug makers' lobby has tried to press all the crazy buttons in the health-care debate. For starters, the Pharmaceutical Research and Manufacturers of America accused Congress of seeking to "ration health care," through "centralized" decision making. Sounds like that bogeyman "socialized medicine."

As it happens, private insurers perform such studies all the time. So does the Defense Department, which provides health coverage to 8 million Americans. If private industry is allowed to avoid wasteful spending, why can't the taxpayers?

The drug industry even flashed a race card, noting that different subgroups respond differently to medications. The implication is that because cost-effectiveness studies are based on averages covering large numbers of people, the special needs of racial minorities might be shortchanged. Well, there's no good reason why such studies can't take account of differences, where they exist. Furthermore, Congress's attempt to control spending is part of a larger plan to expand health coverage. Racial minorities make up a large part of the uninsured, many of whom can't afford drugs at all.

Nearly every group except the drug industry supports the drug-comparison studies. In Congress, members of both parties are on board. Unions like the idea, as does the American Association of Retired Persons, the biggest lobbying group for older Americans. Big employers, such as General Motors, back such studies, and so do doctors' groups.

Only Big Pharma wants this information suppressed. Its vision of a Medicare drug benefit is to let older Americans buy whatever medications they see advertised on TV, at whatever price the companies care to charge. Just send the bill to the taxpayers.

Despite the industry's history of buying off politicians with fat campaign donations, its power is waning. The slow-motion collapse of our health-care "system" seems to have injected the public and Congress with a new seriousness. Getting a grip on what we spend on prescription drugs is but one step in bringing some rationality into U.S. medicine. The pharmaceutical industry should begin to understand that things are about to change.

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